



A Newsletter of the  
DENTISTRY EXAMINING BOARD

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APRIL, 2004

**Mission:** "To protect the dental health and well being of the public and facilitate access to safe and adequate dental care for all citizens of Wisconsin"

**THE WISCONSIN  
DENTISTRY  
EXAMINING BOARD**

**TEETH WHITENING**

\* **Note:** This opinion does not represent the position of the Department of Regulation and Licensing General Counsel or the Department of Justice. For further information, [click here](#).

The Board has recently received several complaints regarding teeth whitening businesses operated by both unlicensed and licensed individuals. Any taking of impressions, either directly or indirectly, by anyone other than a licensed dentist for the purpose of constructing a gel tray constitutes the practice of dentistry and is prohibited by Wisconsin Statutes section 447.01(8)(c). The construction or the adjustment of a tray (dental appliance) is also prohibited by the same section. Failure to adhere to these guidelines may subject a license holder to disciplinary action and may also subject a non-licensed individual to criminal prosecution.

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**CONSCIOUS SEDATION ADVERTISING**

At the September 10, 2003 meeting of the Dentistry Examining Board (DEB) the following policy position was adopted:

It is the DEB's position that the use of the phrase "sleep dentistry" or "snooze dentistry" in any advertisement for dental services that are offered to the public constitutes unprofessional advertising in

violation of s. DE 6.02(1) of the Wisconsin Administrative Code. Section DE 6.02(1) states that it is unprofessional advertising for a dentist to publish or communicate statements or claims in any media which are false, fraudulent, or deceptive. The Board believes that the use of the phrase "sleep dentistry" or "snooze dentistry" is a false, misleading, and deceptive claim if used to describe the administration of oral medications for the purpose of achieving conscious sedation in patients. Accordingly, the use of such statements or claims in any advertising media must cease. The utilization of such statements or claims will be considered a violation of s DE 6.02(1), Wis. Admin. Code, and may result in disciplinary action by the Board.

## **FACULTY DENTAL LICENSE**

In the fall of 2003 the newly created faculty dental license was adopted and instituted into law in Wisconsin. Presently there are over 400 unfilled faculty positions in dental schools in the United States. Dental schools are having an increasingly hard time in competing with other dental schools and the private sector for qualified faculty. The faculty license is a means of supplementing the salaries of faculty of the state's dental schools through an intramural practice in a controlled environment and at the same time enhancing and preserving the clinical skills of those practitioners. An applicant for a faculty license must (a) submit an application on a form provided by the board, (b) pay the fee specified in s 440.05(2) Stats., (c) submit a written certification from the dean of a school of dentistry in the state that the applicant has been offered employment as a full-time faculty member at that school of dentistry, (d) submit to an initial interview and any other interview that the board may require, and (e) disclose all discipline(s) which has ever been taken in any jurisdiction. A faculty license authorizes the license holder to do all the following: (a) practice dentistry only within a primary educational

facility that is physically located within a school of dentistry in this state, (b) perform dental procedures that are incident to instruction while at a site affiliated with a dental school. A faculty license cannot be transferred to another school of dentistry in this state and if the license holder ceases to be employed as a full-time faculty member at a school of dentistry in this state the license is no longer in effect.

## **DEPARTMENT UNVEILS NEW WEBSITE**

The Department website has been redesigned to provide you with more convenient access to a wide range of electronic services. The new site offers current and historical information that is important to you, other professionals and consumers.

All professions will be listed on the home page and "Quick Links" will provide you with direct access to information specific to your needs. The new website offers access to license application forms, statutes, and administrative codes.

New and enhanced electronic services include online license renewals for most professions, an online address change service for licensees, and access to application status for license candidates. Consumers can find online reports of disciplinary actions and information about the consumer complaint process.

In the future, many publications will be posted on the website rather than mailed.

Check out the new website at <http://drl.wi.gov>

## **RECORDKEEPING REMINDERS**

The Dentistry Examining Board reviews dental health care records as a part of screening and/or investigation of a complaint. This provides us exposure to records very different in content, accuracy and style. We highly recommend it include:

1. Written and dated medical history – signed by the patient.
2. Written examination chart with procedure clearly indicated.
3. Consent form signed by the patient is highly recommended.
4. Radiographs.
5. Anesthetic type, amount administered any unusual reactions.
6. All prescriptions ordered

Other important recommendations:

1. Never use pencil. Black pen or type is best.
2. Print legibly.
3. Sign or initial every entry.
4. Do not use white out. Cross out incorrect entry with one line; make correction, date and initial.
5. Avoid acronyms that are only understood by the author.
6. If any other staff member is writing in the patient's record, the credential holder (dentist or dental hygienist) is still responsible for its accuracy.

Finally, if your records are requested as part of an investigation, do not rewrite or attempt to "improve" them in any way. Falsification, withholding, concealing, and/or destruction of the patient health care record with the intent to obstruct an investigation or prosecution is a violation under 146.83 (4) (a) (b) (c).

Proper recordkeeping should be a consistent well-understood standard for everyone in the office. Its indication of a standard of care is clearly apparent. Its impact on an investigation is tremendous.

## **2004 WISCONSIN DENTISTRY EXAMINING BOARD MEETINGS**

The Wisconsin Dentistry Examining Board meets at 1400 East Washington Avenue,

Madison, Room 179A at 8:30 a.m. on the following dates in 2004:

March 3	July 7	November 3
May 5	September 1	

Board meetings are open to the public. The board may adjourn to closed session to deliberate issues exempted under Wisconsin Open Meetings laws.

## **GUIDELINES FOR INFECTION CONTROL IN DENTAL HEALTH CARE SETTINGS - 2003, MMWR RECOMMENDATIONS AND REPORTS, DECEMBER 19, 2003, Vol. 52**

New guidelines from the Center for Disease Control (CDC) have now been published and sent to dental practices throughout the nation. It has been 10 years since the last update on infection control measures in a dental health-care setting.

These guidelines are considered standard of care and should be followed in addition to practices and procedures for employee protection required by the occupational Safety and Health Administration's (OSHA) standards for occupational exposure to bloodborne pathogens. Also, manufacturer's Material Safety Data Sheets (MSDS) should be available and consulted for correct procedures for handling or working with hazardous chemicals.

Here are a number of highlights to be aware of:

- Only one case of patient-to-patient transmission of Hepatitis B Virus (HBV) in a dental setting has been documented (CDC, unpublished data, 2003). (Appropriate infection-control procedures were followed, exact mechanism of transmission undetermined.)
- Since 1992, no HIV transmission from dental health-care personnel

- (DHCP) has been reported. The last HBV transmission from DHCP to patients has not been reported.
- HBV Booster doses or periodic serologic testing are **not** necessary for vaccine responders.
  - DHCP's should be tested for antiHepatitisB's 1-2 months after completion of the 3-dose vaccination series. (If it is beyond 2 months from the last dose of the vaccination – serologic testing is **unnecessary**.)
  - Hepatitis C Virus (HCV) infection risk is 0.17% and no transmission from HCV-infected DHCP to patients have been reported. There is no immunization available yet and it appears not to be transmitted efficiently through occupational exposures to blood.
  - HIV infection risk is 0.3%, HBV infection risk is 1-6%.
  - *Standard precautions* are the new term CDC recognizes in place of universal precautions. Standard precautions integrate and expand the concept applying to blood, all body fluids, secretions, and excretions (except sweat), regardless of whether they contain blood, nonintact skin and mucous membranes.
  - A written infection-control program should be developed for every dental practice to prevent or reduce the risk of disease transmission.
  - New antiretroviral agents, use and safety of HIV PEP and considerations regarding employing HIV PEP when resistance of the source patient's virus to antiretroviral agents is known or suspected.
  - Alcohol hand rubs can be used for handwashing, but should include such antiseptics as chlorhexidine, quaternary ammonium compounds, or triclosan to achieve persistent activity.
  - Artificial nails and chipped nail polish harbor added bacteria.
  - Rings should only be worn if they do not interfere with or tear the glove.
  - Masks should have >95% bacterial filtration efficiency and changed when contaminated or wet (between patients or even during patient treatment).
  - EPA-registered hospital disinfectant with HBV, HIV claim **or** a tubercocidal claim is adequate for surfaces. Surfaces should be cleaned first.
  - Weekly spore testing of sterilization cycles are recommended.
  - Waterlines need to contain a minimum of  $\leq 500$  CFU/mL, the same standard as safe drinking water. This can be monitored by commercial self-contained test kits or laboratories. Removal or inactivation of dental waterline biofilms requires use of chemical germicides. Self-contained water systems alone will not eliminate bacterial contamination.
  - No adverse health effects have been associated with the saliva ejector, but sealing lips around the ejector tip.
  - Dental devices connected to the water system (e.g. handpieces, ultrasonic scalers, or air/water syringes) should be operated to discharge water and air for a minimum of 20-30 seconds after each patient.
  - Preprocedural mouth rinses do not have sufficient evidence in preventing clinical infections among patients of DHCP except for patients at risk for bacterial endocarditis.
  - Laser/Electrosurgery Plumes/Smoke does not transmit HBV or HIV. Continued studies are needed to evaluate the risks.
  - Latex allergic patients and DHCP's must be ensured a safe environment

and an emergency treatment kit with latex-free products must be available.

- Do not dispose of extracted teeth containing amalgam in regulated medical waste intended for incineration.
- Safer needle devices must be considered as they come available by employees directly responsible for patient care (e.g. dentists, hygienists, and dental assistants).

Infection-control internet resources include:

1. American Dental Association  
<http://www.ada.org>
2. CDC, Division of Oral Health, Infection Control  
<http://www.cdc.gov/OralHealth/infectioncontrol/index.htm>
3. Organization for Safety and Asepsis Procedures  
<http://www.osap.org>

These highlights are not all-inclusive and the entire report is available from CDC's Division of Oral Health by e-mail: [oralhealth@cdc.gov](mailto:oralhealth@cdc.gov); telephone: 770-488-6054; or fax: 770-488-6080.

Source: MMWR, December 19, 2003, Vol. 52, No. RR-17, Guidelines for Infection Control in Dental Health-Care Settings - 2003

## **RECOGNIZING SEXUAL HARASSMENT AND CREATING A RESPECTFUL WORKPLACE**

Simply put, harassment is unprofessional, inappropriate behavior. It is not always intentional, and does not have to be intentional to be illegal. Men can harass men, women can harass women, women can harass men, and men can harass women. It is the behavior that matters, not the gender of the participants.

Sexual harassment may be defined as

unwelcome sexual advances, requests for sexual favors, and other physical conduct and expressive behavior of a sexual nature.

Federal law, Title VII of the 1964 Civil Rights Act, prohibits sex discrimination in employment. Outside the workplace may constitute a criminal violation and is a law enforcement responsibility.

Two types of sexual harassment in the workplace include:

1. Quid pro quo: "something for something."

>threats, firing, blocking promotion, transferring, or giving a bad evaluation if a person does not accept sexual advances. Example: if an office manager threatens to give a poor job evaluation or fire someone for declining a request for a date.

2. Hostile work environment: Comments, behavior or objects that *create an intimidating, offensive, or hostile work environment and unreasonably interfere with work performance.*

>sexual jokes, pictures, calendars, objects, notes, emails  
>sexual innuendo, comments, gestures, leering, whistling, insulting sounds, suggestive remarks, lewd motions  
>unwanted touching, pinching, hugging, kissing, brushing the body, coerced sexual intercourse, assault

The harasser can be a co-worker, supplier, patient, vendor, subordinate, boss, manager, volunteer, or student.

The employer is responsible for creating and maintaining a respectful work environment. They may be liable if they knew or should have known of the conduct and failed to take immediate and appropriate corrective action.

While a fun work environment is conducive to productivity and employee satisfaction employer's should create a written and well-understood policy of intolerance to

disrespectful behaviors. Clear, written employee, employer, personnel/office manager responsibilities should be learned, mentored and enforced.

In a perfect world the aggrieved can (and should) directly inform the person engaged in inappropriate behavior that it is offensive and they must stop. If the employee does not wish to communicate directly, or it has been unsuccessful, they should know who to contact. If a complaint is received, it must be immediately investigated. If disciplinary action is recommended, it should be in accordance to your office policy based upon the severity of the behavior. Any employee has the right to seek other avenues or recourse, including, but not limited to, filing charges with appropriate agencies, initiating civil lawsuits or pursuing criminal charges.

Be committed to maintaining a work environment supportive of laws and regulations designed to prevent harassment. Exhibit zero tolerance. Have concise policies and education that include common courtesy, positive communication and understanding of differences in others. Listen to what others say. If you hear someone demeaning another, ask "Did you know that what you said is harassment?" When someone says, "That isn't funny," do you listen and respond accordingly? Ask permission, be nice, say good morning, please and thank you...it can be that simple.

**Source: Business & Legal Reports, Inc., HR Training Repros Training Handbook, Lesson Plan 3105, Sexual Harassment, 1998 and Sexual Harassment in the Workplace and School: What You Should Know, by Cynthia Benjamin, Copyright MCMXCV Cambridge Research Group, Ltd.**

## DISCIPLINARY ACTIONS

Disciplinary summaries are taken from orders that can be reviewed on the Department of Regulation and Licensing Web site: <http://drl.wi.gov/index.htm>. Click on "Discipline/Orders." Under "Reports of Decisions." You can either search by name, or use "Reports for the Current Year" or "Prior Years" to access an order. Please note that the Orders are subject to court review, and discipline may be stayed pending an appeal. Progress of cases in court may be reviewed at [www.courts.state.wi.us](http://www.courts.state.wi.us). Current license status may be verified under "Lookup License Holders" on the Department's website.

The summaries below are drafted by members of the Board. The Dentistry Examining Board views the Digest not only as an announcement of disciplines, but also as an educational tool for our license holders.

### **GERALD GATZKE DDS PRESCOTT, WI REPRIMAND/COSTS**

Failed to have nitrous oxide equipment equipped with a scavenger system. Failed to hold a current certificate in CPR. Costs of \$1590.99. Effective 7/2/03. Violated 447.07 (3)(a), Wis. Stats., sec DE 5.02 (5), DE 11.11 (6)(a)2, DE 5.02 (1) and DE 5.02 (24). Case #LS0301072DEN.

### **ERIC R. PEARSON DDS FORT DODGE, IA REPRIMAND/LIMITED/COSTS**

In June 2002, was disciplined by the Iowa Board of Dental Examiners for improper anesthesia techniques. Is prohibited from employing or administering general anesthesia, deep sedation or nitrous oxide inhalation sedation on an outpatient basis in the practice of dentistry in the state of Wisconsin until he has appeared before the Wisconsin Dentistry Examining Board and demonstrated compliance with the

requirements of Wis. Admin. Code secs. DE 11.03, 11.04 and 11.05. Costs of \$200.00 Effective 1/8/03. Violated 447.07(3)(a) Wis. Stats., and sec. DE 5.02 (14) Case #LS0301081DEN.

**SYED A. HUSSAIN DDS  
WAUKESHA, WI  
LICENSE SURRENDER, LIMITED,  
COSTS**

In 1998 and 1999 provided dental treatment to an eighty-two year female patient during which a maxillary bridge on two occasions was fabricated. Engaged in conduct that indicated a lack of knowledge of, an inability to apply or the negligent application of the principles and skills of dentistry in the following regard: 1)failed to note the questionable bone density of tooth #14, 2)failed to perform periodontal probing to determine the periodontal, 3)support of tooth #14, 4)failed to determine the periodontal support of the teeth he intended to use as abutments for the original #11 to 14 bridge, 5)failed to determine the periodontal support of the teeth he intended to use as abutments for the #3 to 14 bridge, 6)used teeth with Class III mobility for abutments when he knew or should have known that the teeth were unable to support the cantilevered bridge, 7)failed to make adequate inquiry into and perform appropriate tests to determine the cause of the patient's swelling, 8)failed to utilize a rubber dam to prevent debris from entering the patient's airway and throat during the root canal therapy, 9)recommended and placed a four pontic cantilevered bridge when he knew or should have known the abutment teeth were not capable of supporting the cantilevered portion and that the abutment teeth were likely to be further compromised by the force exerted on them by the pressure on the cantilever, 10)failed to recognize and correct the improper fit of the second #3 to 14 bridge. Will cease the practice of dentistry as of April 1, 2003 with the exception of ongoing dental procedures

on established patients where the interruption of the procedure would significantly affect the patient's dental care. All continuing care must be completed on or before June 1, 2003 at which time all practice will cease. In order to resume practice the following conditions must be met: 1)will not perform any orthodontic procedures-this condition is permanent, 2)shall take and pass Parts I and II of the National Board of Dental Examinations, 3)shall take and pass the Central Regional Testing Service Examination (CRDTS). Upon successful passing of the above three tests, shall participate in an educational program administered and devised by Marquette University following an assessment. If fails any of the above three tests will be required to successfully complete a four year dental educational program at the Marquette School of Dentistry or another accredited dental school preapproved by the Board. Will be responsible for all costs associated with all testing, reeducation and submission of documentation. If practice is resumed, will be monitored for the period of one year. Costs of \$2500.00 Effective 2/3/03. Violated 447.07(3)(h) Wis. Stats. LS0112211DEN.

**RADE LATINOVICH DDS  
MILWAUKEE, WI  
REPRIMAND/COSTS**

Provided dental services to a patient in April 2001 resulting in a balance due to the dental office of \$150.00 In May of 2001, patient made a telephone request to the office for a transfer of radiographs to another office. The office declined to transfer radiographs. In July 2001 again patient requested a transfer of records and radiographs and that request was refused by the office until the outstanding bill was paid. Costs of \$400.00 Effective 3/5/03. Violated DE 5.02(5)(20) Wis. Adm. Code. LS0303051DEN.

**MICHAEL W. BEASLEY DDS  
COLORADO SPRINGS, CO  
LIMITED/COSTS**

In February 2001, was disciplined by the Colorado State Board of Dental Examiners. Is presently participating in the Dentists Peer Assistance Program under the terms of a 3-year minimum Rehabilitation Contract. Is presently in full compliance with the terms of the Rehabilitation Contract. Will provide Wisconsin Dentistry Examining Board with current copy of Rehabilitation Contract. Will provide Board with all modifications and amendments to the Rehabilitation Contract made after the date of this order. Will comply with all terms of the Rehabilitation Contract and all modifications and amendments. All reports by Colorado Dentists Peer Assistance Program will be forwarded to the Board. Will notify the Board of any violations of Rehabilitation Contract. Costs of \$200.00 Effective 3/5/03. Violated Wis. Stat. sec. 447.07(3)(a) and Wis. Admin. Code sec. DE5.02(14). LS0211251DEN.

**NILES BAKKE DDS  
WAUWATOSA, WI  
LIMITED/COSTS**

In violation of a previous Board Order regarding appropriate infection control techniques and improper utilization of biohazardous sharps containers for the disposal of orthodontic wires. Failed to wear mask during patient treatment when performing procedures that involve a substantial risk of splash and splatter to avoid or minimize the unacceptable risks of cross-contamination. Failed to change gloves upon contamination. Shall take and successfully complete the education program designed for him by Elise Sampson DDS. While taking the educational course will only be permitted to treat patients at the Marquette University School of Dentistry. Upon successful completion of course may begin treating patients in

private practice. Shall be monitored by Dr. Sampson for not less than twelve months with four random unannounced visits during the twelve-month period. Costs of \_\_\_\_\_. Effective 3/5/03. Violated Wis. Admin. Code DE5.02(5) and 447.07(3)(a) Wis. Stats. LS0203011DEN.

**DARYL G. HOLDREDGE DDS  
GREEN BAY, WI  
COSTS**

While on active duty with the US Navy from 1998 to April 2000, engaged in behaviors considered to be inappropriate, offensive, and of a sexually suggestive nature. A Navy peer review panel on September 2000 made findings that upheld the allegations and on September 28, 2000, the Commanding Officer of the Naval Dental Center at Great Lakes, IL, found that the allegations were substantiated, revoked the respondent's clinical privileges and terminated his professional staff appointment at Great Lakes. Following the denial of an appeal, the respondent resigned from the Navy. Have not had any additional incidents while practicing in Missouri, Kansas, and Wisconsin since 2000. At the recommendation of the DEB has recently completed a course on "Sexual Harassment at Work". Cost of \$1875.00. Effective 7/2/03. Violated Wis. Admin. Code 447.07(3), Stats. LS0211061DEN.

**LINDA JEAN TERLECKE DDS  
WAUKESHA, WI  
LIMITED/COSTS**

In January 1999 extracted two teeth on a patient. During the extraction, left a drill bur tip and root fragment in the patient's jaw. Did not inform the patient of any post-operative remnants. Subsequent to the extraction, patient developed an infection. In August 2001, extracted primary teeth I and K instead of teeth N and M. Will undergo an assessment conducted by the Marquette University School of Dentistry. The assessment shall



evaluate respondent's skills and knowledge in the areas of dental record keeping, extractions, x-rays, and clinical examination protocols. Following the assessment, Marquette University School of Dentistry will develop an educational program and submit proposed educational program to the DEB prior to implementation of the program for approval. Upon satisfactory completion of all components of the educational program, the respondent's practice will be monitored for the period of not less than 12 months. Costs of \$500.00 plus all costs associated with assessment, educational program and monitoring. Effective 9/11/03. Violated Wis. Admin. Code 447.07(3)(h), Stats. LS0309101DEN.

**GARY BURKHOLDER DDS  
THORP, WI  
LIMITED/COSTS**

Provided orthodontic treatment for a patient from June 1995 to March 2000. Examination revealed loose bands, absence of bands on second molars, bands in contact with and abrading gingival tissues, several large caries under bands, improper occlusion, no treatment being provided to rotate one upper canine from its 90% twist, and no treatment of the other, unerupted, upper canine. Respondent's treatment planning and implementation was less than minimally competent practice of orthodontics. After December 31, 2003, may not perform any orthodontic treatment on any patient for any reason. Shall transfer each patient who is receiving orthodontic treatment from him to an orthodontist, or to a general dentist whose practice includes orthodontics, no later than December 31, 2003. Effective 11/5/03. Costs of \$1,250.00. Violated Wis. Admin. Code 447.07(3), Stats. LS0311051DEN.

**LEE KRAHENBUHL DDS  
OSHKOSH, WI  
SUSPENSION/LIMITATION/  
FORFEITURE**

In a previous Board order dated 12/06/02 the license of respondent was suspended for 6 months. Following reinstatement of the dental license, it shall be limited by the following terms and conditions: 1) shall not perform any endodontic procedures other than pulp capping, 2) shall participate in and satisfactorily complete a course in record keeping, 3) patient records shall be monitored for a period of not less than 2 years. Costs and a forfeiture of \$5,000.00. Dr. Krahenbuhl petitioned the Winnebago County Circuit Court to stay and review the Board's order. On October 13, 2003, the Winnebago County Circuit Court affirmed the decision of the Wisconsin Dentistry Examining Board and rejected Dr. Krahenbuhl's petition. On November 7, 2003, Dr. Krahenbuhl asked the Wisconsin Court of Appeals to stay and review the Board's order. The Court of Appeals denied this request and on December 12, 2003 the Board's order became effective.

**ALAN SPAETH DDS  
TOMAHAWK, WI  
LICENSE SURRENDER/COSTS**

From 1996 to 1997 on six patients, before replacing multiple amalgam fillings with composite fillings, failed to completely remove the existing restoration materials and in some cases decay. Failed to properly bond the composite restorations and properly place and shape the composite restorations. Failed in some cases to document a complete periodontal examination. Performed in one case an inadequate occlusal adjustment. Immediate surrender of license. Effective 1/7/04. Costs of \$6,045.46. Violated Wis. Admin. Code 447.07(3) (a), Stats., and s. DE 5.02(5), Wis. Admin. Code. LS0310221DEN.

**EUGENE WEBER DDS  
APPLETON, WI  
REPRIMAND/COSTS**

Failed to recognize, diagnose, or treat periodontal conditions in numerous long-time patients at regular recall appointments over the course of ten years and did not take necessary diagnostic radiographs. Failed to exercise reasonable supervision of the dental hygienist who performed dental hygiene services at recall prophylaxis appointments over the course of ten years (subgingival calculus apparent, minimal periodontal probing was not performed, and regular health history updates were not completed). Failed to maintain a system of adequate patient records. Shall successfully complete 24 hours of an approved course in the recognition, diagnosis, treatment, and prevention of periodontal disease; 12 hours in dental professional responsibility, including the dentist's responsibility of supervision of delegated functions and 12 hours in dental practice risk management which will include at least 6 hours in dental patient record keeping. Effective 1/7/04. Costs of \$2,750.00. Violated Wis. Admin. Code 447.07(3), Stats. and s. DE 5.02(5), Wis. Admin. Code.

**REBECCA J. SWENSON DDS  
APPLETON, WI  
REPRIMAND/COSTS**

In March 1995, despite identifying generalized early periodontitis, failed to record any data regarding the patient's periodontal condition such as pocket depths or observations regarding the health of the tissues. On the same patient failed to place a post following creation of post space and failed to place minimally acceptable crowns. Shall successfully complete an approved course of training of not less than 8 hours in dental record keeping and 16 hours of individual training in crown and bridge. Effective 1/7/04. Costs of \$2,024.09. Violated Wis. Admin. Code 447.07(3)(a),

(f), and (h), Wis. Stats. and Wis. Admin. Code DE 5.02 (1), (5), and (16).

**GREGG A. SEYLER DDS  
RACINE, WI  
SUSPENSION/LIMITED/COSTS**

Has an alcohol abuse problem that impairs his ability to practice dentistry. License is suspended indefinitely, with the possibility for three month stays of suspension with certain limitations. Must undergo an assessment of his competence to practice dentistry by the Marquette University School of Dentistry in areas of practice in which he was engaged prior to the execution of the final order and successfully complete a remedial education program developed by the Marquette University School of Dentistry. Effective 1/7/04. Costs of \$1,850.86. Violated Wis. Stat. 447.07 (3)(a) and (g) and DE 5.02 (4) Wis. Admin. Code.

**LYNN M. RANDEL DDS  
MINERAL POINT, WI  
REPRIMAND/COSTS**

Performed dental prophylaxis for three children on December 30, 1999, but billed as if the services were performed on January 3, 2000 due to insurance coverage information. Effective 1/7/04. Costs of \$450. Violated Wis. Admin. Code DE 5.02(8).

# DENTISTRY EXAMINING BOARD DIGEST



**DID YOU KNOW THAT YOU CAN ACCESS MOST  
INFORMATION ON THE DEPARTMENT OF  
REGULATION & LICENSING WEB SITE?**

Visit the Department's Web site at:

[drl.wi.gov](http://drl.wi.gov)

Send comments to: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)

**VERIFICATIONS**

Verifications are now available online at [drl.wi.gov](http://drl.wi.gov). On the Department Web site, please click on "Lookup License Info". If you do not use the online system, all requests for verification of licenses/credentials must be submitted in writing. There is no charge for this service. Requests should be sent to the Department address or may be faxed to (608) 261-7083 - ATTENTION: VERIFICATIONS. Requests for endorsements to other states must be made in writing – please include \$10 payable to the Department.

**CHANGE OF NAME OR ADDRESS?**

Please photocopy the mailing label of this digest, make changes in name or address, and return it to the Department. Confirmation of changes is not automatically provided. **WIS. STAT. § 440.11** **ALLOWS FOR A \$50 PENALTY TO BE IMPOSED WHEN CHANGES ARE NOT REPORTED WITHIN 30 DAYS.**

**TELEPHONE DIRECTORY -- QUICK KEYS**

To contact the Department, just dial (608) 266-2112, then enter the Quick Key numbers below for the assistance you need:

- |  |             |
|--|-------------|
| To request an application packet:              | press 1-1-3 |
| To check the status of a pending application:  | press 1 - 2 |
| To discuss application questions:              | press 1 - 3 |
| To discuss temporary license questions:        | press 1 - 3 |
| To renew or reinstate a permanent license:     | press 1 - 4 |
| To renew or reinstate a permanent license:     | press 2 - 1 |
| To renew a temporary license:                  | press 2 - 2 |
| To obtain proof of licensure to another state: | press 3 - 1 |
| To find out if a person is licensed:           | press 3 - 2 |
| To file a complaint on a license holder:       | press 8     |
| To check the status of complaints:             | press 8     |
| For all other licensing questions:             | press 1 - 3 |